

SOUTH CAROLINA DEPARTMENT OF INSURANCE

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SCOTT RICHARDSON Director of Insurance

Service Contract Provider Controlling Person Biographical Affidavit

PURSUANT TO SOUTH CAROLINA CODE, TITLE 38, CHAPTER 78

DO NOT WRITE ABOVE THIS LINE		
NOTE: ALL INFORMATION MUST BE TYPED OR PRINTED IN INK.		
This form must be completed by each Service Contract Provider Controlling Person.		
Present or proposed service contract provider under		
2. Controlling Person's Full Name (initials not acceptable)	ole):	
3. Other Name (s) (if applicable):		
4. Date of Birth:	5. Gender:	
6. Percent of Ownership:	7. Title:	
8. Individual Physical Address: STREET ADDRESS MUST BE DESIGNATED BELOW. (Do not list a P.O. Box.)		
Number, Street, Suite No., Apt. No.		
City State Zip Code 9. Mailing Address: (USED FOR ALL CORRESPONDENCE)		
Number, Street, Suite No., Apt. No.		
City State	Zip Code	
10. Telephone Number:	11. Fax Number:	
12. Email Address:	13. Social Security Number:	
What is your present or proposed position and duties wi specific about your duties.	th this service contract provider applicant? Please be	

ATTACHMENTS

- **15.** Attach a resume to demonstrate your education and training.
- **16.** Attach additional pages detailing all previous employment experience whether compensated or otherwise related to the Service Contract Provider industry. Please be specific about your duties.

	17. PLEASE ANSWER THE FOLLOWING QUESTIONS		
If you have any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.			
Yes	□No	Has any business for which you are or were a controlling person filed a petition under any chapter of the Bankruptcy Code?	
Yes	□No	Have you ever been refused a license or license renewal for a service contract provider, service contract related company, or a license in any state?	
Yes	□No	Are you operating, acting, or have acted as a controlling person for any other service contract provider or service contract related company?	
Yes	□No	Have you or a service contract provider or service contract related company in which you were, or are a controlling person, ever been disciplined by a state regulatory body?	
Yes	□No	Have you or a service contract provider or service contract related company in which you were, or are a controlling person, ever been convicted of or pleaded guilty or no contest (nolo contendere) to any felony or misdemeanor, other than civil traffic offenses, or is there any charge now pending?	
Yes	□No	Have you or a service contract provider or service contract related company for which you were, or are a controlling person, ever been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory or disciplinary action?	
If you answered Yes to any of the above questions, please attach copies of documentation on separate pages providing the details including names, contact information, dates, locations, dispositions, etc.			
I certify that I will comply with all applicable provisions of Title 38, Chapters 78 of the South Carolina Code of Laws. I certify all information submitted on this form and attachments is true and accurate. I understand that providing false information on this form may result in the revocation of the registration or imposition of administrative penalties for the Provider under which this form is required.			
Authorized S	ignature	Date Signed	
Printed Name	<u> </u>	Title	